

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A For the period beginning** 07/01/2013 **and ending** 12/31/2013

**B Check applicable box:** ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1 Name of organization** Responsibility and Integrity Now RAIN Fund **Employer identification number** 26 - 3111594

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
3530 Westown Parkway #209

**City or town, state, and ZIP code**  
West Des Moines, IA 50266

**3 E-mail address of organization:** mike.reasoner@gmail.com **4 Date organization was formed:** 08/05/2008

**5a Name of custodian of records** Michael J. Reasoner **5b Custodian's address** 3530 Westown Parkway #209  
West Des Moines, IA 50266

**6a Name of contact person** Michael J. Reasoner **6b Contact person's address** 3530 Westown Parkway #209  
West Des Moines, IA 50266

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
3530 Westown Parkway #209

**City or town, state, and ZIP code**  
West Des Moines, IA 50266

**8 Type of report (check only one box)**

- |   |   |
|---|---|
| <input type="checkbox"/> First quarterly report<br>(due by April 15)                | <input type="checkbox"/> Monthly report for the month of:<br>(due by the 20th day following the month shown above, except the<br>December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report<br>(due by July 15)                | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election)  |
| <input type="checkbox"/> Third quarterly report<br>(due by October 15)              | (1) Type of election:   |
| <input checked="" type="checkbox"/> Year-end report<br>(due by January 31)          | (2) Date of election:   |
| <input type="checkbox"/> Mid-year report (Non-election<br>year only-due by July 31) | (3) For the state of:   |
|   | <input type="checkbox"/> Post-general election report (due by the 30th day after general election)  |
|   | (1) Date of election:   |
|   | (2) For the state of:   |

**9 Total amount of reported contributions (total from all attached Schedules A)** ..... **9. \$** 25000

**10 Total amount of reported expenditures (total from all attached Schedules B)** ..... **10. \$** 22228

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Michael J. Reasoner

01/09/2014

**Sign  
Here**



Signature of authorized official



Date

Schedule AItemized Contributions		Schedule A
Contributor's name, mailing address and ZIP code Iowa Health Care Association 1775 90th Street West Des Moines, IA 50266 -	Name of contributor's employer	
	Contributor's occupation	Amount of contribution
	Aggregate contributions year-to-date	Date of contribution

**Schedule B Itemized Expenditures**

Schedule B

**Recipient's name, mailing address and ZIP code**Mike Reasoner  
702 New York Avenue  
Creston, IA 50801 -**Name of recipient's employer**RAIN Fund  
**Recipients's occupation**  
Treasurer**Amount of Expenditure**\$ 1222  
**Date of expenditure**  
07/11/2013**Purpose of expenditure**

Reimbursement - Data Management Equipment

**Recipient's name, mailing address and ZIP code**Iowa Democratic Party Building Fund  
5661 Fleur Drive  
Des Moines, IA 50321 -**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 20000  
**Date of expenditure**  
09/26/2013**Purpose of expenditure**

Donation

**Recipient's name, mailing address and ZIP code**Mike Reasoner  
702 New York Avenue  
Creston, IA 50801 -**Name of recipient's employer**RAIN Fund  
**Recipients's occupation**  
Treasurer**Amount of Expenditure**\$ 1006  
**Date of expenditure**  
08/02/2013**Purpose of expenditure**

Reimbursement - Data Management Equipment